

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99260 Office of Registrar of Vital Statistics. Ward 6 ¹¹/₇

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence B. Dockins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, — Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bu. Ind.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 629 Paterson Park Ave.

Cause of Death, { First (Primary), Second (Immediate). } Pneumonia
Convulsion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ashery Cemetery

Date of Burial, April 16 1887

Undertaker, William A. Dugan James A. Lane M. D.

Medical Attendant.

Place of Business, 150 East St. Address, 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. 99262 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Reeger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 75 Years, 6 Months, Days.

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cooper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 yrs +

Place of Death, { Give Street and Number. } 617 S. Charles St

Cause of Death, { First (Primary), Second (Immediate), } Senile Debility.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 16/87

{ Undertaker, E. F. Krauss } Geo. A. Strauss M. D.

Medical Attendant.

{ Place of Business, 703 Hammer } Address, 9. E. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

617

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99 263 Office of Registrar of DEPARTMENT Statistics. Ward 7²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th / 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel R. Elliott

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 17 Years, 7 Months, 16 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Printer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 906 N. Central Ave

Cause of Death, { First (Primary), Second (Immediate), } Malaria
supposed Encephalitis of Brain

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th

Undertaker, George Schilling M. B. Billingslee M. D.

Place of Business, Ashland Square Address, 1206 E. Preston St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *99264* Office of Registrar of Vital Statistics.

Ward *8th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emily J. Bishop*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *52* Years, *3* Months, *7* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *1606 Harford Ave.*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 18th*

{ Undertaker, *George Schilling*

Edwin B. Henry, M. D.
Medical Attendant

{ Place of Business, *Ashland Square* Address, *1201 N. Eden St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of the space provided for the purpose.

Health Department, City of Baltimore.

Permit No. 99265 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Chambers

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, About 50 Years, Months, ✓ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Waterman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Brooklyn New York

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } 2312 Boston Street

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease
Pulmonary Congestion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 16th 1887

{ Undertaker, Geo. Rinehart } W. H. Kullback M. D.
Place of Business, Health Dept Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99266 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Gittings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 48 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Brain Runner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hampton Co Virginia

Duration of Residence in the City of Baltimore, About 25 yrs

Place of Death, {Give Street and Number.} 15 West York St

Cause of Death, {First (Primary), Pneumonia
Second (Immediate), Apnea

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, April 16th 1887

{Undertaker, Geo. E. Brown, {Signature of J. J. Flannery M. D.
Place of Business, Health Office, Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 992.67 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 15th 1887 10¹⁵ A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria K. Allison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick Co Md

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give Street and Number. } 15 E. Hoffman St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Peritonitis
Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md.

Date of Burial, April 18 1887

Undertaker, W. Weaver Clark Van Bibber M. D.

Medical Attendant.

Place of Business, 202 N. Euter Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the following remarks:

Health Department, City of Baltimore.

Permit No. 99268 Office of Registrar of Vital Statistics.

Ward

2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Catharine Kibler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 Years, 4 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Balt. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, {Give Street and Number.}

323 S. Bond St.

Cause of Death, {First (Primary), Second (Immediate),}

Pneumonia
Pneumothorax

Duration of Last Sickness,

Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Apr 18

Undertaker,

W. Lippert G. G. Buck

M. D.

Place of Business,

151 S. Bond St. Address, 7000 E. Balt. St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99269 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1889

Full Name of Deceased, Justus Roth
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 69 Years, 8 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, Germany {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 35 years

Place of Death, 14 Shaker Lane W {Give Street and Number.}

Cause of Death, Dysentery {First (Primary), Second (Immediate).}

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Apr 17 1889

{ Undertaker, He Sander son E. J. McLean, M. D. Medical Attendant.

{ Place of Business, 1710 Canton Ave Address, 2826 Ellwood St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]